



Product-Plan Data Collection

Company Legal Name:  
HIOS Issuer ID:  
Effective Date of Rate Change(s):

Humana Insurance Company of KY  
15411  
1/1/2017

State: KY  
Market: Small Group

Product/Plan Level Calculations

Section I: General Product and Plan Information

Product		Terminated Product										
Product ID:		15411KY060										
Metal:		Not Applicable	Gold	Silver	Silver	Gold	Gold	Silver	Silver	Silver	Silver	Silver
AV Metal Value		0.000	0.811	0.720	0.705	0.801	0.819	0.719	0.719	0.718	0.720	0.718
AV Pricing Value		0.000	0.830	0.010	0.010	0.010	0.990	0.010	0.010	0.010	0.010	0.010
Plan Category		Terminated	Renewing	Terminated	Terminated	Terminated	Renewing	Terminated	Terminated	Terminated	Terminated	Terminated
Plan Type:		PPO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO	HMO
Plan Name												
		2015 Experience	Simplicity 1	Simplicity 2	Simplicity 3	Copay 1	Copay 2	Copay 3	Copay 4	Copay 5	Copay 6	Copay 7
Plan ID (Standard Component ID):		15411KY0600001	15411KY1310001	15411KY1310002	15411KY1310003	15411KY1310004	15411KY1310005	15411KY1310006	15411KY1310007	15411KY1310008	15411KY1310009	15411KY1310010
Exchange Plan?		No	No	No	No	No	No	No	No	No	No	No
Historical Rate Increase - Calendar Year - 2		0.00%										
Historical Rate Increase - Calendar Year - 1		0.00%										
Historical Rate Increase - Calendar Year 0		0.00%										
Effective Date of Proposed Rates		1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
Rate Change % (over prior filing)		0.00%	-8.20%	0.00%	0.00%	0.00%	-2.70%	0.00%	0.00%	0.00%	0.00%	0.00%
Cum'tive Rate Change % (over 12 mos prior)		0.00%	-1.70%	0.00%	0.00%	0.00%	4.20%	0.00%	0.00%	0.00%	0.00%	0.00%
Proj'd Per Rate Change % (over Exper. Period)		0.00%	-3.09%	-100.00%	-100.00%	-100.00%	13.92%	-100.00%	-100.00%	-100.00%	-100.00%	-100.00%
Product Rate Increase %		0.00%										

Section II: Components of Premium Increase (PMPM Dollar Amount above Current Average Rate PMPM)

Plan ID (Standard Component ID):	Total	15411KY0600001	15411KY1310001	15411KY1310002	15411KY1310003	15411KY1310004	15411KY1310005	15411KY1310006	15411KY1310007	15411KY1310008	15411KY1310009	15411KY1310010
Inpatient	-\$0.17	\$0.00	-\$5.91	\$0.00	\$0.00	\$0.00	-\$2.39	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Outpatient	-\$0.27	\$0.00	-\$9.57	\$0.00	\$0.00	\$0.00	-\$3.86	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Professional	-\$0.20	\$0.00	-\$7.21	\$0.00	\$0.00	\$0.00	-\$2.91	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Prescription Drug	-\$0.02	\$0.00	-\$0.76	\$0.00	\$0.00	\$0.00	-\$0.31	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	-\$0.01	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Capitation	-\$0.21	\$0.00	-\$7.59	\$0.00	\$0.00	\$0.00	-\$3.06	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Administration	\$0.24	\$0.00	\$0.44	\$0.00	\$0.00	\$0.00	\$0.52	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Taxes & Fees	\$0.09	\$0.00	\$0.16	\$0.00	\$0.00	\$0.00	\$0.19	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Risk & Profit Charge	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total Rate Increase	-\$0.54	\$0.00	-\$30.47	\$0.00	\$0.00	\$0.00	-\$11.83	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Member Cost Share Increase	-\$0.11	\$0.00	\$5.19	\$0.00	\$0.00	\$0.00	\$1.40	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00



Other benefits portion of TP	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Total Allowed Claims (TAC)	\$195,414,827	\$0	\$733	\$0	\$0	\$0	\$23,741	\$0	\$0	\$0	\$0	\$0
EHB Percent of TAC, [see instructions]	100.00%	0.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%	0.00%	0.00%	0.00%	0.00%
state mandated benefits portion of TAC that are other than EHB	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Other benefits portion of TAC	0.00%	100.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%	100.00%	100.00%	100.00%	100.00%
Allowed Claims which are not the issuer's obligation	\$46,848,005	\$0	\$117	\$0	\$0	\$0	\$2,592	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS's funds on behalf of insured person, in dollars	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Portion of above payable by HHS on behalf of insured person, as %	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
Total Incurred claims, payable with issuer funds	\$148,566,822	\$0	\$615	\$0	\$0	\$0	\$21,149	\$0	\$0	\$0	\$0	\$0
Net Amt of Rein	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Net Amt of Risk Adj	-\$742,174	\$0	-\$4	\$0	\$0	\$0	-\$103	\$0	\$0	\$0	\$0	\$0



Gold 0.813 0.010  Terminated HMO  Copay 8	Gold 0.795 0.010  Terminated HMO  Copay 9	Silver 0.718 0.810  Renewing HMO  Copay 10	Silver 0.719 0.810  Renewing HMO  Copay 11	Silver 0.716 0.010  Terminated HMO  Copay 12	Silver 0.716 0.010  Terminated HMO  Copay 13	Gold 0.791 0.010  Terminated HMO  Copay 14	Silver 0.714 0.780  Renewing HMO  Copay 15	Silver 0.705 0.010  Terminated HMO  Copay 16
15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
No	No	No	No	No	No	No	No	No
1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017	1/1/2017
0.00%	0.00%	-3.20%	-1.50%	0.00%	0.00%	0.00%	-0.50%	0.00%
0.00%	0.00%	3.70%	5.40%	0.00%	0.00%	0.00%	6.60%	0.00%
-100.00%	-100.00%	19.05%	21.18%	-100.00%	-100.00%	-100.00%	24.72%	-100.00%

15411KY1310011	15411KY1310012	15411KY1310013	15411KY1310014	15411KY1310015	15411KY1310016	15411KY1310017	15411KY1310018	15411KY1310019
\$0.00	\$0.00	-\$2.31	-\$1.18	\$0.00	\$0.00	\$0.00	-\$0.41	\$0.00
\$0.00	\$0.00	-\$3.74	-\$1.90	\$0.00	\$0.00	\$0.00	-\$0.66	\$0.00
\$0.00	\$0.00	-\$2.82	-\$1.44	\$0.00	\$0.00	\$0.00	-\$0.50	\$0.00
\$0.00	\$0.00	-\$0.30	-\$0.15	\$0.00	\$0.00	\$0.00	-\$0.05	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	-\$2.97	-\$1.51	\$0.00	\$0.00	\$0.00	-\$0.53	\$0.00
\$0.00	\$0.00	\$0.43	\$0.43	\$0.00	\$0.00	\$0.00	\$0.41	\$0.00
\$0.00	\$0.00	\$0.16	\$0.16	\$0.00	\$0.00	\$0.00	\$0.15	\$0.00
\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
\$0.00	\$0.00	-\$11.55	-\$5.60	\$0.00	\$0.00	\$0.00	-\$1.59	\$0.00
\$0.00	\$0.00	\$2.54	\$1.26	\$0.00	\$0.00	\$0.00	\$0.38	\$0.00



100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%
\$0	\$0	\$765	\$184,609	\$0	\$0	\$0	\$7,459	\$0
0.00%	0.00%	100.00%	100.00%	0.00%	0.00%	0.00%	100.00%	0.00%
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
100.00%	100.00%	0.00%	0.00%	100.00%	100.00%	100.00%	0.00%	100.00%
\$0	\$0	\$161	\$39,892	\$0	\$0	\$0	\$1,691	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
\$0	\$0	\$604	\$144,718	\$0	\$0	\$0	\$5,768	\$0
\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0
\$0	\$0	-\$4	-\$855	\$0	\$0	\$0	-\$35	\$0